



Consent to the Release of Confidential Information

1. INDIVIDUAL CONFIRMING THE AUTHORIZATION

Full Legal Name

Social Security #

Date of Birth

2. THE USE AND/OR DISCLOSURE AUTHORIZED

I authorize CASA of the Tennessee Heartland/ _____ to obtain my protected medical, financial, or social information from (1) any physician, hospital, public or private mental health provider, clinic, nursing home, VA facility or other medical facility; (2) any social services agency, any state or local agency, department authority or institution, Court, Social Security Office, Veteran's Administration Office, Police departments, incarceration facilities, probation services (3) school, teachers educational service, (4) any credit information bureau, insurance company, retirement or pension bureau or department, current and/or previous employer and any other financial institution (4) any other individual or organization having knowledge of my circumstances as ordered by the Juvenile Court.

In order to assist the CASA volunteer in his/her work with other agencies that may be involved with this case, and to assist the Court in making decisions regarding the case, I authorize the CASA volunteer and /or CASA of the Tennessee Heartland to re-disclose this information to:

The Court the GAL for the child(ren) Dept. of Children's Services

My attorney Other: _____

_____ I also authorize the CASA volunteer and CASA of the Tennessee Heartland to release to the persons, Provider, and agencies which I have identified above, information known to the CASA volunteer about me and/or my family, which the CASA volunteer and/or CASA of the Tennessee Heartland, under supervisory advisement, decides will help these person, providers, and agencies in providing services to me and my family.

I understand that my records are protected under federal and state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise stated in the laws and regulations.

3. ENDING AUTHORIZATION AND/OR CHANGING YOUR MIND ABOUT THIS INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. This consent includes information to be placed on my records after execution of this release form as well as past and current records obtain by the CASA volunteer. I also understand that I have the right to revoke this consent at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. The revocation would not include records or information previously disclosed. If not revoked, it is my understanding that this consent will expire one year from the date of signing.

Signature

Date

Witness

Date

Print Name

Print Name of Witness

Signature of Parent/Guardian (if minor)

Print name of Parent/Guardian